

# Washington School for the Blind Foundation Application

Please complete this form and mail to:

Washington School for the Blind Foundation  
2214 East 13<sup>th</sup> Street  
Vancouver, WA 98661

## General Information

The Washington School For The Blind Foundation ["WSBF"] grants funding to persons, programs or projects that enhance the educational and employment opportunities of visually impaired individuals. WSBF funds are not available to supplant State or Federal funding.

Grants must be approved by the WSBF Board of Directors. Grant applications are normally considered by the WSBF Board at its first, regular meeting following thirty [30] days after the application is submitted. The WSBF Board may approve, deny or defer any grant request.

## Procedures And Instructions

All requests for funds must be submitted on this Grant Application form. There is no time requirement for submitting a request--Grant Applications may be submitted to the WSBF at any time.

Once you have completed this Application, please return it to: *WSBF Grants, Washington School For The Blind Foundation, 2214 E. 13th Street, Vancouver, Washington 98661*. Please enclose any additional documents or information you want to be considered as part of your application.

You will be contacted if the WSBF Board needs additional documents or information. Personal interviews or oral presentations may be requested by the Board. You will be notified of the Board's decision, in writing, within ten [10] days following the Board meeting at which your application is considered.

If you have questions or need additional information, you may write the WSBF at the above address, call the WSBF at (360) 696-6321 extension 120, or Fax the WSBF at (360) 737-2120.

## Questions

Please *write* or *type* answers to each of the following questions *in the space provided on this*

*form.* Do not leave any answer blank--write "none" or "N/A" if a question does not apply to you.

1. What is Applicant's full name?

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2. Is Applicant a ....

☐ Student ☐ Teacher ☐ Parent ☐ Guardian ☐ School ☐ Organization ☐ Service Club  
☐ Other (list): \_\_\_\_\_

3. What is Applicant's mailing address?

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4. What is Applicant's residence address?

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5. What is Applicant's.....

A. Home telephone number? \_\_\_\_\_

B. Work telephone number? \_\_\_\_\_

6. What is Applicant's.....

A. Social Security Number? \_\_\_\_\_

B. Employer identification number (EIN)? \_\_\_\_\_

C. Uniform Business Identifier (UBI)? \_\_\_\_\_

7. If Applicant is a student.....

A. What school is Applicant attending? \_\_\_\_\_

B. What is the name of Applicant's ☐ Parents ☐ Guardian?

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C. What is the mailing address of Applicant's parents or Guardian?

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8. How much money are you requesting? \$\_\_\_\_\_

9. When do the funds need to be paid? \_\_\_\_\_

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10. What is the purpose of this grant (Who will it benefit; How will the money be used; Where will the money be spent, et cetera)?

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11. Has funding been requested from ...

a. The state of Washington? ☐ Yes ☐ No. If yes, the status of the request is:

☐ Pending. Response expected by: \_\_\_\_\_

☐ Funded in the amount of \$ \_\_\_\_\_

☐ Not funded. Reason: \_\_\_\_\_

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b. Any other organization or agency? ☐ Yes ☐ No. If yes, please list each organization or agency and the dates of your requests.

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12. Please list any other information you believe is important for the Board to consider your request.

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*The undersigned hereby certifies that the information and representations set forth above are for the purpose of securing a grant of funding from the Washington School For The Blind Foundation, and further certifies that such information and representations are true and correct.*

Dated: \_\_\_\_\_

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Applicant's Signature